BEST AVAILABLE CODY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY			
FOR			NUMBE	BER FILED NU		NUMBER	NUMBER EXTRA		RATE	FEE	1	RATE	FEE	
ВА	SIC FEE		, Y	`			1			345.00	OR		690.00	
то	TAL CLAIMS		/ minus 20= *						X\$ 9=	7. 4	OR	X\$18=		
INDEPENDENT CLAIMS minus 3 = *								X39=	$f^{V_{i,j}}$	OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If	the difference	in colu	ımn 1 is	less than ze	ro, e	enter "0" in o	column 2	-	TOTAL	二千	OR	TOTAL		
CLAIMS AS AMENDED - PART II									OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	Green Committee		umn 1) AIMS	A		Column 2) HIGHEST	(Column 3)		SIVIALL			SWALL		
AMENDMENT A		REM Af	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	• 6	14	Minus	**	20	= /		X\$ 9=	36.4	OR	X\$18=		
AME	Independent	* NTATIO	5 ON OF MI	Minus	PENI		=2		X39=	78,U	OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								'	+130=		OR	+260=		
									TOTAK	4590	OR	TOTAL		
٠.		(Cal	umn 1)		10	Column 2)	(Column 2)		DDIT. FEE			ADDIT. FEE		
	And the land		_AIMS			HIGHEST	(Column 3)	۱ r		4551	1			
AMENDMENT 8		REM Al	IAINING FTER NDMENT		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total			Minus	**		=		X\$ 9=	:	OR	X\$18=		
AME	Independent FIRST PRESE	*	ON OF M	Minus	**		=		X39=		OR	X78=		
	rino i racoc	INIMIN	JN OF WI	OCTIFIE DEF	CINE	DENT CLAIM		' [+130=		OR	+260=		
								L	TOTAL		OR	TOTAL		
		(Col	umn 1)		(0	Column 2)	(Column 3)	A	DDIT. FEE		•	ADDIT. FEE		
		CL	AIMS`			HIGHEST			· · ·	ADDI-			ADDI-	
ENT C		Al	IAINING FTER NDMEN:T		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	**1		=		X39=		OR	X78=		
	FIRST PRESE	NTATIO	ON OF MI	ULTIPLE DEF	EN	DENT CLAIM		l ├			J' 1			
• 1	f the entry in colu	mn 1 is l	less than th	ne entry in colu	mn 2	. write "0" in co	lumn 3.		+130=		OR	+260=		
**	If the "Highest Nur	mber Pr	eviously Pa	aid For" IN THIS	SSP	ACE is less tha	ın 20, enter "20.'	." A[TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

Encorrect (dollar 1 1.200)							09491389					
		CLAIMS A	-					ENTITY		OTHE	R THAN	
-	3T44 OL 4440		(Columi T	11	(Columg 2)		TYPE		OF	SMALL	ENTITY	
TOTAL CLAIMS							TAFI	FEE		RATE	FEE	
FOR			renam e	11(11)	MUMBER FYTRA		BASICT	66 370 0	o lor	BASICTEC	740 00	
10	OTAL CHARGEA	BU CLAIM:	Ont	us 20.	,		X\$ 9		OR	X\$18=		
INC	DEPENDENT CI	AIMS	mi	ous 3 -			X40-		OB	Х84±		
MU	ILTIPLE DEPEN	IDENT CLAIM P	HESENT				+14()-	:	OB	1,580		
• 11	the difference	in column 1 is	less than ze	eo, enter	"O" in c	alignar P	1014		\int_{0}^{∞}	L		
	С	LAIMS AS A	MENDED	- PART	ГĦ			L		OTHER	THAN	
		(Columa 1)		(Colun		(Column 3)	SMAL	LENTITY	OB	SMALL		
AMENDMENT A	7	CLAIMS REMAINING AFTER AMENOMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
MON	Total	. 17	Minus	20	/		X\$ 9=		OR	X\$18±		
AME	Independent	. 3	Minus	*** S	CLAVA	-	X42=		OR	Χ84≔	,	
	FIRST PRESE	NTATION OF MU	JETH'LE DEF		CLIANO		+140:	·	OR	+280≃		
;	.•						TOTA ADDIT FE		OR	TOTAL ADDIT FEE		
	1	(Column 1)		(Colun	n 2)	(Column 3)	7000 12	· • • • • • • • • • • • • • • • • • • •				
SMT B.		CLAIMS REMAINING AFTER AMEADNENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOMENT	Total	. 9	Mińus	-2	4		X\$ 9=		OR	X\$18=		
AME	Independent	. 2	Minus	*** (5	=	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM		+140=		1	+280=		
							ATOT	1	OR	TOTAL		
	•						ADDIT. FE		OR	ADDIT. FEE	·	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	Edward of Pysis	(Colum		(Column 3)	·					
AMENDMENT C.		CLAIMS REMAINING AFTER AMENDMENT		RIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	44		=	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		ε	X42=			X84=		
⋖	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM				OR	7,042		
		ħ					+140=		OR	+280≔		
44	if the entry in colu if the "Highest Nu if the "Highest Nu The "Highest Num	mber Previously Pa mber Previously Pa	ald For IN THI ald For IN THI	S SPACE IS S SPACE IS	less that less tha	n 20, enter "20." n 3, enter "3."	TOTA ADDIT. FEI	EL		TOTAL ADDIT, FEE		
	me ragnest Num		uro (10181 of	maepende	my is the	mynesi numbe	2.					
ORI	A PTO-875 (Rev. 8/	0 1)		Δv	5 000 2001	402-1247-59197	Patent and Trad	emark Office,	U.S. DEP	ARTMENT OF	COMMERCE	